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PART B - FEE(S) TRANSMITTAL

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3 - 288 (Propositor's name)		Diane Huds		
(34Digime)	Mudon	die		
(Date)		07/27/2006		
CONFIRMATION NO.	ATTORNEY DOCKET NO.	PIRST NAMED INVENTOR.	FILING DATE	APPLICATION NO.
501415 887@718769	86 CHELFER908988866	Matthew D. Felder 07/27 meter to Sense and Measure Device 01 F	11/22/2003	10/718,769
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nonprovisional	NO	\$1400	\$300	\$1700	10/112006
EXAM		ART UNIT	CLASS-SUBCLASS]	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Garlick Harrison & Markison Robert A. McLauchlan, III 3
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T	HE PATENT (print or type)	

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sigmatel, Inc.

Austin, Texas, USA

Please check the appropriate assigned category or cate	gories (will not be printed on the patent) : \Box	Individual	Corporation or other private group entity	Government
4a. The following fee(s) are enclosed;	4b. Payment of Fee(s):			
(d) femic For	A check in the amou	nt of the fools	t) ie onclound	

☐ Publication Foc (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fee(a), or credit any overpayment, to Deposit Account Number 90-1415 (Stepsent inc.) (enclose an extra copy of this form). Advance Order - # of Copies

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above, NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /Robert A. McLauchlan, III/ Reg. No. 44,924

Date 07/27/2006

Typed or printed name Robert A

Registration No. 44,924

This collection of information is required by 37 CFR 1.311. The information is required to obtain or tetain a benefit by the public which is to file (and by the USFTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.314. This collection is estimated to take 12 minutes to complete, including guthering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any examinants on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Parents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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To:

USPTO

Issue Fees

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Fax No: (571) 273-2885

From:

Diane Hudson, Legal Assistant to

Robert A. McLauchlan, III (Reg. #44,924)

Garlick, Harrison & Markison

10/718,769

(316.000108)

Pages:

(including cover sheet)

Message: Please see attached: 1) Issue Fee Transmittal Form; 2) Credit Card Payment Form; and, Fee Address Indication Form.

Please call me at the above listed number with any questions.

Thanks, Dianc Hudson

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